



**GOVERNMENT OF AMERICAN SAMOA**  
**Office of the Secretary of American Samoa**

**APPLICATION FOR A NOTARY COMMISSION**

APPLICATION NUMBER: \_\_\_\_\_

1. Name: \_\_\_\_\_  

(Last)(First)(Middle)
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. SSN: \_\_\_\_\_  

(Date)(Month)(Year)
4. Village of Residence: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Business/Employer: \_\_\_\_\_  
*(If employed by American Samoa Government, please specify which Department/Office)*
7. Business/Employer Address: \_\_\_\_\_  
*(Provide only if different from address given in question 4 above.)*
8. Are you a citizen or national of the United States?    Yes    No  
*(Please attach a copy of your United States passport or document proving United States nationality.)*  
  
If no, are you a legal resident of the Territory of American Samoa?    Yes    No  
*(Please attach a copy of your American Samoa Immigration identification card, and a copy of your passport or document proving nationality.)*
9. Please list all issuance, denials, revocations, suspensions, restrictions, and resignations of a notarial commission, professional license or public office involving yourself in American Samoa, or any other territory or state, or nation.  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
10. Have you ever been convicted a crime, felony or misdemeanor, and including serious traffic offenses?    Yes    No

If yes, please list all criminal convictions, including any pleas of admission or nolo contendere, in American Samoa, or any other territory or state, or nation.

*(Information required under question 9 shall be used by the Secretary and designated government employees only for the purpose of performing official duties under the Notary Act of 2007, and shall not be disclosed to any person other than a government agent acting in an official capacity and duly authorized to obtain such information, a person authorized by court order, or to the applicant or such individual's duly authorized agent. Section 31.0319, P.L. 30-18, as amended by P.L. 30-82.)*

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11. If any, please list all claims pending or disposed against a notary bond held in your name, and all civil findings or admissions of fault or liability regarding your activities as a notary in American Samoa, or any territory or state, or nation.

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12. Are you able to read and write in the English language?      Yes      No

**DECLARATION OF NOTARY APPLICANT**

I, \_\_\_\_\_, solemnly swear or affirm under penalty of perjury that the personal information in this application is true, complete, and correct; that I understand the official duties and responsibilities of a notary public in the Territory of American Samoa, as explained in the course of instruction I have taken; and I will perform, to the best of my ability, all notarial acts in accordance with the law.

\_\_\_\_\_  
Applicant's signature  
Territory of American Samoa )  
County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_,

☐ personally known to me;

☐ proved to me through identification documents allowed by law, which were \_\_\_\_\_;

☐ proved to me on the oath or affirmation of \_\_\_\_\_, who is personally known to me and stated to me that (he/she) personally knows the document signer and is unaffected by the document;

☐ proved to me on the oath or affirmation of \_\_\_\_\_ and \_\_\_\_\_, whose identities have been proven to me through documents allowed by law and who have stated to me that they personally know the document signer and are unaffected by the document;

to be the person who signed the preceding or attached document in my presence.

\_\_\_\_\_  
Notary Public